

Dorchester County

- a. Order Appointing Counsel
for Child(ren)**

- b. Motion for Waiver/Reduction
of Family Services Fees and
Supporting Affidavit**

* IN THE

* CIRCUIT COURT

* FOR DORCHESTER COUNTY

* MARYLAND

* CASE NO. _____

* * * * *

* * * * *

Plaintiff

v.

Defendant

ORDER APPOINTING COUNSEL FOR CHILD(REN)

This matter having come before the Court, it is this _____ day of _____, 20____, by the Circuit Court for Dorchester County, Maryland

ORDERED, that _____, telephone number _____, is hereby appointed as a Best Interest Attorney for the minor child(ren) in these proceedings, namely, _____ (d.o.b. _____) in accordance with the Maryland Standards of Practice for Court-Appointed Lawyers Representing Children in Custody Cases. A Best Interest Attorney is a court-appointed lawyer who provides independent legal services for the purpose of protecting a child's best interests, without being bound by the child's directives or objectives; and it is further

ORDERED, that _____, telephone number _____, is hereby appointed as a Child Advocate for the minor child(ren) in these proceedings, namely, _____ (d.o.b. _____) pursuant to the Maryland Standards of Practice for Court-Appointed Lawyers Representing Children in Custody Cases. A Child Advocate is a court-appointed lawyer who provides independent legal counsel for a child and who owes the same duties of undivided loyalty, confidentiality, and competent representation as are due an adult client; and it is further

ORDERED, that _____, telephone number _____, is hereby appointed as a Child(ren)'s Privilege Attorney for the minor child(ren) in these proceedings, namely, _____ (d.o.b. _____) pursuant to the Maryland Standards of Practice for Court-Appointed Lawyers Representing Children in Custody Cases. A Child(ren)'s Privilege Attorney is a lawyer appointed in accordance with *Nagle v. Hooks*, 296 Md.123 (1983), to decide whether to assert or waive, on behalf of a minor child in a custody action, any statutory privilege; and it is further

ORDERED, that the parties shall fully cooperate with the attorney appointed herein in the performance of the duties instructed by this Court; and it is further

ORDERED, that the attorney appointed herein shall have reasonable access to the child(ren) and to all otherwise privileged or confidential information, including but not limited to any protected health information, about the child(ren), without the necessity of any further Order of Court. The attorney's access to privileged and confidential information shall be without the necessity of a signed release, and shall include medical, dental, psychiatric/psychological, social services, drug and alcohol treatment, law enforcement and educational records and information; and it is further

ORDERED, that the attorney appointed herein shall be compensated as follows:

That the attorney shall be entitled to charge an hourly fee for services not to exceed \$100.00. The appointed representative shall initially expend no more than TEN (10) hours in the course of his/her representation. In the event the appointed representative believes additional time is needed, he/she shall seek the prior approval of the Court. Allocation of fees shall be determined by the Court at a hearing on the merits of this case or upon the Petition of the attorney appointed herein; and

Payment into attorney's trust account. PLAINTIFF is hereby directed to pay the attorney appointed herein, for deposit into the attorney's trust account, the sum of _____ (\$ _____) within 10 days of the date of this Order as an initial contribution towards the attorney's fees in performance of the services identified herein. The attorney is authorized to draw from the trust account as the fee is earned and upon submission of an itemized monthly statement to the court, counsel, and any unrepresented party; and

Payment into attorney's trust account. DEFENDANT is hereby directed to pay the attorney appointed herein, for deposit into the attorney's trust account, the sum of _____ (\$ _____) within 10 days of the date of this Order as an initial contribution towards the attorney's fees in performance of the services identified herein. The attorney is authorized to draw from the trust account as the fee is earned and upon submission of an itemized monthly statement to the court, counsel, and any unrepresented party; and

That the Family Support Services Grant shall compensate the attorney appointed herein in an amount not to exceed One Thousand Dollars (\$1,000.00); and it is further

The attorney appointed herein shall not begin work until all deposits are paid in full or a waiver(s) of said fee(s) is granted by this Court; and it is further

ORDERED, that allocation of additional fees shall be determined by the Court at a hearing on the merits of this case or upon the Petition of the attorney appointed herein; and it is further

ORDERED, that the attorney appointed herein shall submit a petition for fees with an itemized hourly billing statement to the Court at the conclusion of the case; and it is further

ORDERED, that the attorney appointed herein shall provide representation on a pro-bono basis; and it is further

ORDERED, that the attorney appointed herein shall be compensated in accordance with the Memorandum of Understanding and any subsequent directives issued by this Court; and it is further

ORDERED, that absent further Order of this Court, the attorney appointed herein shall not be required to participate in any appeal in this matter; and it is further

ORDERED, that although the minor child(ren) are not parties to this action, the attorney appointed herein shall be entitled to engage in discovery as part of the performance of the duties assigned herein, and to file motions or seek orders as appropriate in the fulfillment of the duties appointed herein; and it is further

ORDERED, that within ten (10) days of the date of this Order, counsel for Plaintiff and Defendant, or any party not represented by counsel, shall provide to the attorney appointed herein copies of all pleadings and papers filed in the above action and any correspondence between the parties or counsel for the parties; and it is further

ORDERED, that within ten (10) days of the date of this Order, each party is to provide the attorney appointed herein the names and known addresses and telephone numbers of any and all mental health providers who have evaluated or treated the child(ren) and anyone else with whom the child(ren) may have a privilege pursuant to applicable law; and it is further

ORDERED, that the attorney appointed herein shall not have any ex parte communications with the Court. In addition, the attorney/client privilege shall be respected at all times. As such, the attorney appointed herein may not speak to the parties without the prior permission of their respective attorneys, and the attorneys for the parties may not speak with the child(ren) without the permission of the attorney appointed herein.

RECOMMENDED BY:

Karen R. Ketterman, Standing Master

Brett W. Wilson, Judge

Plaintiff

v.

Defendant

* IN THE
* CIRCUIT COURT
* FOR
* DORCHESTER COUNTY
* Case No.:

* * * * *
**MOTION FOR WAIVER / REDUCTION OF FAMILY SERVICES FEES
AND SUPPORTING AFFIDAVIT**

I, _____, representing myself, state that:

1. I am a party in this matter and have been ordered by the Circuit Court for Dorchester County, Maryland to participate in or pay for the following services for which a fee has been assessed:

| <u>SERVICES</u> | <u>SERVICE FEE</u> |
|--|--------------------|
| <input type="checkbox"/> co-parenting education | \$ |
| <input type="checkbox"/> custody/ visitation mediation | \$ |
| <input type="checkbox"/> other mediation | \$ |
| <input type="checkbox"/> custody investigation | \$ |
| <input type="checkbox"/> home inspection | \$ |
| <input type="checkbox"/> mental health evaluation | \$ |
| <input type="checkbox"/> psychological custody child access evaluation | \$ |
| <input type="checkbox"/> counsel of a minor child | \$ |
| <input type="checkbox"/> visitation services | \$ |
| <input type="checkbox"/> Other: _____ | \$ |

2. I do not have sufficient funds or assets which could be used to pay the fees above.

3. The attached affidavit is incorporated herein.

WHEREFORE, I respectfully request that this Court waive the fees listed above and grant such other and further relief as this Court deems proper and just.

Respectfully submitted,

Sign Your Name Here

Print name and address here

AFFIDAVIT

I represent to the Court that the following statements and answers to the following questions are true:

I hereby certify that:

1. I have the following amount of money in my bank accounts, and investments. \$ _____.

2. Information About Automobiles. (Check all that apply).

[] I do not own an automobile.

[] I own the following automobiles:

Make- _____ Model- _____ Year- _____
Make- _____ Model- _____ Year- _____

[] The car(s) IS in my possession.

[] The car(s) IS NOT in my possession. It is with _____

[] I owe \$ _____ on the car to _____ (Lender).

3. Information About Other Vehicles. I own the following other vehicles (boats, trucks, recreational vehicles, motorcycles, etc.).

I owe the following amount on those vehicles: \$ _____.

4. Attorney: I am represented by an attorney.

()yes ()reduced fee ()no fee ()fee charged
()no

5. A. Real Estate. I own the following real estate (List type and location):

Address: _____

Monthly mortgage, taxes and insurance that I pay: \$ _____

Month income I receive from any renters in my property: \$ _____

B. Other Property. I own the following additional property (List type and location):

6. Debts I Owe. I owe the following debts:

\$ _____ To: _____

\$ _____ To: _____

\$ _____ To: _____

\$ _____ To: _____

7. Money Owed to Me.

Who: _____ Address: _____ Amount: \$ _____

8. **Your Income.**

- a. I work full-time or part-time or unemployed.
- b. Name of Employer _____
- c. Job Position _____
- d. How often are you paid? _____
- e. Gross pay each period: _____

- I. Attach 2 most recent pay stubs.*
- II. If self-employed attach a copy of most recent federal tax income return*
- III. If receiving Unemployment Benefits, provide proof*

- f. List all other income, including Social Security, disability income, workers compensation, alimony or child support, military reserves income, pension and retirement income: (Provide proof of disability benefits, unemployment or social security.)
 _____ \$ _____
 _____ \$ _____

9. **Household Size.** The total number of persons residing in my household is _____, including my spouse or partner, children who reside with us, extended family members or other residents.

Their name and relationship to you: _____

10. **Other Family Members' Monthly Income.**

Family Member: _____ Monthly Income \$ _____
 Family Member: _____ Monthly Income \$ _____
 Family Member: _____ Monthly Income \$ _____
 Family Member: _____ Monthly Income \$ _____

11. **Expenses.**

- Child Support.** I pay child support for _____ children. The total amount of child support I pay each month is: _____.
- Alimony.** I pay \$ _____ in alimony each month.
- Child Care Expenses.** _____.
- Other Extraordinary Expenses.** I have the following additional extraordinary expenses:
(please explain) _____

12. **Other Information.** I would like the Court to know the following additional information in considering my request for a Family Services fee waiver:

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PURJURY THAT THE CONTENTS OF THE FORGOING DOCUMENT ARE TRUE AND CORRECT.

Signature

Date

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____,
I mailed a copy of this Motion for Waiver of Family Services Fees and Supporting Affidavit
to the following by ordinary U.S. Mail, postage prepaid:

Name of Opposing Party or their Counsel:

Address:

City, State, Zip:

Sign Your Name Here

Deliver or mail original completed forms and documents to:

Circuit Court for Dorchester County
206 High Street
P.O. Box 150
Cambridge, Maryland 21613

CHECK LIST

When the parties are requesting the form for a Motion of Family Service Fees and Supporting Affidavit, one or more of the following **MUST** be included or the request will be denied:

- 2 RECENT PAY STUBS
- SELF-EMPLOYED FEDERAL INCOME TAX RETURN
- PROOF OF UNEMPLOYMENT BENEFITS
- CHILD SUPPORT COURT ORDER **NOT INVOLVED IN THIS CASE**
- COURT ORDERED ALIMONY
- PROOF OF CHILDCARE
- STATEMENT SIGNED BY LANLORD THAT YOU LIVE RENT FREE
- MORTGAGE STATEMENT

DID YOU REMEMBER TO:

- SIGN THE FORM
- MAIL/GIVE A COPY TO THE OTHER PARTY (CERTIFICATE OF SERVICE)
- MAKE A COPY FOR YOURSELF

